

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/069482</div>		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1						51			
2		1					52		1	
3							53			
4							54		1	
5		2					55			
6		0					56		1	
7		0					57			
8		0					58			
9		0					59			
10	1						60			
11	1						61			
12		1					62			
13		0					63			
14		0					64			
15		0					65			
16		0					66			
17		0					67			
18		0					68			
19		0					69			
20		0					70			
21		0					71			
22		0					72			
23	1						73			
24	1						74			
25		1					75			
26							76			
27							77			
28							78			
29			1				79			
30							80			
31							81			
32							82			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.	24						TOTAL DEP.			
TOTAL CLAIMS	29						TOTAL CLAIMS			